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CONFIRMATION NO. 3929

<b>SERIAL NUMBER</b> 10/014,520	<b>FILING OR 371(c) DATE</b> 12/14/2001 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> 19662-026001
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/953,921 09/18/2001 PAT 6,575,188 \* and claims benefit of 60/307,638 07/26/2001  
 and is a CIP of 09/819,105 03/28/2001 PAT 7,010,391  
 (\*)Data provided by applicant is not consistent with PTO records.

**\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/02/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 15	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

**ADDRESS**  
 26181

**TITLE**  
 Methods and systems for processing microfluidic samples of particle containing fluids

<b>FILING FEE RECEIVED</b> 778	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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